

COMMUNICATIONS TRAINING RECORD

LAST NAME: FIRST M.I.

HOME ADDRESS: CITY ZIP

HOME PHONE WORK PHONE CELL PHONE

FCC LICENSE HOLDER (circle) YES NO

IF "YES" IS CIRCLED, ATTACH COPY OF ALL FCC LICENSES TO THIS FORM

UNIT NAME UNIT CHARTER NUMBER

UNIT MAILING ADDRESS

BASIC COMMUNICATOR TRAINING

The following training must be completed and signed off by a KSWG designated trainer.

TASK	DATE	TRAINER CAPID
BCUT POWERPOINT		
LOCAL OPERATING PROCEDURES		
RF SAFETY POWERPOINT		
FOUO BRIEFING		
ISR POWERPOINT AND PRACTICAL USE		
5317 MOBILE POWERPOINT AND PRACTICALS		
5112 PORTABLE POWERPOINT AND PRACTICALS		

CAPF 76 ISSUE DATE CONTROL #

ADVANCED COMMUNICATOR TRAINING

The following items must be completed and signed off by a KSWG designated trainer.

TASK	DATE	TRAINER CAPID
BCUT POWERPOINT REVIEW		
ACUT POWERPOINT		
KSWG NET PROCEDURES		
FORMAL MESSAGE HANDLING		
FORMAL NET PRACTICAL SIMULATION		
(Attach copy of student's completed CAPF110, CAPF 105's, sent/received, ics 213 sent/received)		
PROWORDS TEST (80% passing, corrected 100%)		
PHONETIC ALPHABET TEST (80% passing, corrected 100%)		
CAPT119 TEST (80% passing, corrected 100%)		

ATTACH COPIES OF ALL COMPLETED TESTS TO THIS FORM!!!

CAPF 76(A) ISSUE DATE CONTROL #